

Oral Exam Protocol

Dear Parents/Guardians,

Please sign below in order to show that you have read, and are aware of, the requirements of the FSF1P oral exam, as well as, the date and time of your son's/daughter's oral exam.

This signed note must be returned to school as soon as possible.

In the event that you son/daughter is not in attendance for his/her oral exam, **a doctor's note must be provided in order for the exam to be rescheduled.**

Date of Oral Exam: 2014/06/ _____

Location of Oral Exam: Room 212

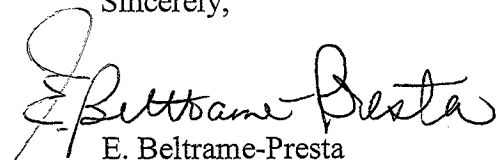
Time of Oral Exam: _____ AM/PM

Parent/Guardian Name: _____
Please Print

Parent/Guardian Signature: _____

Date: 2014/05/ _____

Sincerely,


E. Beltrame-Presta
Program Chair


S. Biega
Classroom Teacher


N. Di Pietro
Classroom Teacher